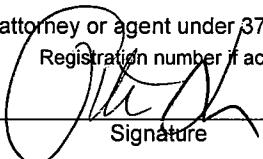


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|   |                                  |  |  |
|---|----------------------------------|--|--|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H. R. 4818).)</i>                                    |                                  | Docket Number (Optional)<br>03910/0211496-USO                    |  |
| Application Number                      10/630,377-Conf. #8948  |                                  | Filed    July 30, 2003 |  |
| For     CONTAINER   |                                  |  |  |
| Art Unit                      1794  |                                  | Examiner                      M. L. Jacobson                     |  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                                  |  |  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                                  |  |  |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))    | Fee<br>\$130   | Small Entity Fee<br>\$65                      \$ _____ |
| <input checked="" type="checkbox"/>   | Two months (37 CFR 1.17(a)(2))   | \$490  | \$245                      \$ 490.00                   |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3)) | \$1110   | \$555                      \$ _____                    |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1730   | \$865                      \$ _____                    |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2350   | \$1175                      \$ _____                   |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                                  |  |  |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                  |  |  |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                  |  |  |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |                                  |  |  |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number                      04-0100     |                                  |  |  |
| <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.               |                                  |  |  |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |  |  |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |                                  |  |  |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number                      25,351  |                                  |  |  |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34                      _____  |                                  |  |  |
| <br>_____<br>Signature   |                                  | _____<br>May 29, 2009<br>Date                                    |  |
| _____<br>S. Peter Ludwig<br>Typed or printed name   |                                  | _____<br>(212) 527-7700<br>Telephone Number                      |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                                  |  |  |
| <input type="checkbox"/> Total of                      1                      forms are submitted.  |                                  |  |  |